



Friendship Connection Registration Form

Date: _____

First Name: _____

Last Name: _____

Address: _____

City: _____

State: _____

Zip: _____

Phone #: _____

Alternate Phone #: _____

Email: _____

How did you hear about Friendship Connection? _____

Birthday (month/day): _____

Agency/Provider Name: _____

Agency/provider Phone #: _____

Agency/Provider Email: _____

Emergency Contact Information:

Name: _____

Phone: _____

Please return completed registration form to:

West Des Moines Human Services
Attention: Mindy Hotovec
139 - 6th Street, P.O. Box 65320
West Des Moines, Iowa 50265-0320
Ph (515) 222-3660
Fax (515) 222-3669
Melinda.Hotovec@wdm.iowa.gov